

# PSJ3

## Exhibit 63

9/9/96

## THE PURDUE FREDERICK COMPANY—MEDICAL EDUCATION DEPT

100 Connecticut Avenue, Norwalk, CT 06850

## Speaker Confirmation &amp; Follow-Up Form

PF Track No. BV11004

Date: 10/24 and 10/25/96

Time:

6:00PM and 8AM

Type of Meeting: Medical Staff Meeting

Location: Hospital/Organization (Provider):

Graham Hospital

Address/City/State:

Canton, IL (Graham Hospital, 210 West Walnut Street)

Topic Requested:

Pain Management

## Lecture Confirmation Information:

Spkr:

June Dahl, PhD

Addr:

University of Wisconsin/Madison - School of Medicine  
3780 Med. Science Center/1300 University Avenue  
Madison, WI 53706

Because of regulatory considerations, please be advised that if during your talk, you discuss any of our products, this should be within only the framework of approved labeling and approved recommended indications and uses for the product.

Audience Anticipated: Approximately (#)

40

(Type) Nurses

If you have any questions, please call Wendy Pintard at (203) 854-7239

## Financial Support Information:

Type (as directed by Provider): (x) Direct To Speaker; () Funding To Provider

Travel Agency Arrangements: () Not applicable in funding; () Not Required;

() Direct billing to PF not permitted by Provider;

(x) Required—Only arrangements made through Wagonlit Travel (800/745-3210) will be covered

Follow-Up Information: (Completed By Speaker Post-Lecture And Returned In Enclosed Envelope)

## Program Assessment By Speaker:

Topic Presented (if different than above)

{Scale: 1 (poor) 2 3 4 5 (excellent)}

Audience: Size 50

Reaction Positive

Knowledge of Topic Mixed

How helpful was PF Rep to you? Extremely

In a few words, please give us your overall impression of the program:

## Financial Reimbursement Information:

Check payable to: ( )

June Dahl, PhD

or Tax ID #

University of Wisconsin/Madison - School of Medicine, 3780 Med. Science Center/1300 University Avenue, Madison, WI 53706

Tax ID #

Honorarium:

\$1250.00

(1099)

Details:

Mileage (\$0.22/mile)

Expenses:

\$ 48.43

(Bypass 1099)

Tolls/Parking

Hotel

Meals

Other

9.25

34.18

Grand Total:

\$ 1298.43

PLEASE  
ATTACH RECEIPTS

Signed (Speaker):

June L. Dahl

Date:

10/28/96

(For PF Office Use Only)

Requested By Wendy Pintard  
Street)

General Ledger No.: 671304800

PPLP/0208 ( )

Approved by:

Date To Accounting Dept 11/6/96

Description: 10/24 and 10/25/96, Canton, IL (Graham Hospital, 210 West Walnut

M/E

PF/0101 ( )

Med Ed Use

PP/209

Oxy

drconfrm.doc

8102667038

PDD1701572909

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180790274

SPEAKERS BUREAU CONFIRMATION RECORD

Ltr Agr

(out)

(in)

Logged

Eval

Date Request  
ReceivedTracking  
No.Requesting  
Rep.Talk  
ApprovedTalk  
Date

Speaker:

Date of Confirmation  
with Institution

Notes:

Date of Confirmation  
with Speaker

Notes:

Date of Confirmation  
with Rep

Notes:

Reminder Target:

Reminder Actual:

Thank You Target:

Thank You Actual:

Speaker Bureau ( )

Honorarium for this Talk:

8102667039

PDD1701572910

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PKY180790275

>>> From : 7507 96-07-24 08:03:07 <<<<  
 MEDICAL EDUCATION DEPARTMENT:  
 SPEAKER REQUEST FORM

## DIRECTIONS:

- 1- Send via E-Mail to box 9993.
- 2- Send (via E-Mail) a copy of this form to your District Manager and Regional Manager.

## PROGRAM

PROGRAM DESCRIPTION OR NAME OF MEETING: GRAHAM HOSPITAL  
 MEDICAL STAFF MEETING

REQUESTED TOPIC FOR LECTURE: PAIN MANAGEMENT

DATE: 10-24-96  
 10-25-96

TIME: 6:00 P-M  
 8:00 A-M

ALTERNATE DATE(S):

TIME:

TIME:

LOCATION (ADDRESS AND ROOM NUMBER): GRAHAM HOSPITAL  
 210 WEST WALNUT ST. BOARD ROOM  
 CANTON, IL. 61520

IS THIS PART OF A FULL DAY PROGRAM? (Y/N)  
 NO NOT A FULL DAY PROGRAM

SPONSORING ORGANIZATION: GRAHAM HOSPITAL

## ESTIMATE ATTENDANCE:

MDs: 20

PHARMS: 3

NURSES: 40-50

PAs: 2

OTHERS:

## ADDITIONAL REQUIREMENTS:

MAT VOGEL RPH, DIRECTOR OF PHARMACY, AND DENNIS  
 RETER MD, HOSPICE DIRECTOR, HAVE HEARD JUNE  
 L. DAHL PHD SPEAK AND ARE IN CONTACT WITH HER  
 TO COME ON 10-24-96. SHE WOULD TALK TO THE MED  
 STAFF ON THE PM OF 10-24 AND TO HOSPICE AND OTHER  
 STAFF ON THE AM OF 10-25.

## PROGRAM CONTACT(S)

NAME OF PERSON RESPONSIBLE FOR MEETING: MATTHEW VOGEL RPH

TITLE: DIRECTOR OF PHARMACY  
 GRAHAM HOSPITAL

STREET: 210 WEST WALNUT ST

8102667040  
 PDD1701572911

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PKY180790276

CITY: CANTON STATE: IL ZIP: 61520

TELEPHONE: (309) 647-5240 EXT 292

MEETING CONTACT (IF DIFFERENT THAN ABOVE):

TITLE:

STREET:

CITY:

STATE:

ZIP:

TELEPHONE: ( )

SPEAKER REQUESTED:

SPEAKER LOCATION:

1 JUNE L. DAHL PHD  
2  
3

(C) MADISON, WISCONSIN

TRAVEL REQUIREMENTS: SHE WILL DRIVE AND STAY IN A HOTEL PM OF 10-24

ESTIMATED DISTANCE AND TIME FROM THE PROGRAM SITE FOR SPEAKER  
CHOICE #1:

MILES (ONE WAY): ???

TIME: ???

SUBMITTED BY

REPRESENTATIVE TERRITORY #:

7500507

NAME: BOB VAN PELT

DATE OF REQUEST: 7-24-96

APPROVAL

MEDICAL EDUCATION DEPARTMENT

NAME:

YES

NO

DATE:

7/25/96

\*  
Dahl  
T. Dahl  
is available  
1/24/96

8102667041  
PDD1701572912

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PKY180790277

**THE PURDUE FREDERICK COMPANY--MEDICAL EDUCATION DEPT**  
**100 Connecticut Avenue, Norwalk, CT 06850**

**Speaker Confirmation & Follow-Up Form**

PF Track No. BV11004

Date: 10/24 and 10/25/96 Time: 6:00PM and 8AM Type of Meeting: Medical Staff Meeting

Location: Hospital/Organization (Provider): Graham Hospital

Address/City/State: Canton, IL (Graham Hospital, 210 West Walnut Street)

Topic Requested: Pain Management

**Lecture Confirmation Information:**

Spkr: June Dahl, PhD  
 Addr: University of Wisconsin/Madison - School of Medicine  
3780 Med. Science Center/1300 University Avenue  
Madison, WI 53706

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Audience Anticipated: Approximately (#) 40 (Type) Nurses  
 If you have any questions, please call Wendy Pintard at (203) 854-7239

**Financial Support Information:**

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\*\*\*\*\*

**Follow-Up Information:** (Completed By Speaker Post-Lecture And Returned In Enclosed Envelope)

**Program Assessment By Speaker:**

Topic Presented (if different than above) \_\_\_\_\_

{Scale: 1 (poor) 2 3 4 5 (excellent)}

Audience: Size \_\_\_\_\_ Reaction \_\_\_\_\_ Knowledge of Topic \_\_\_\_\_ How helpful was PF Rep to you? \_\_\_\_\_

In a few words, please give us your overall impression of the program: \_\_\_\_\_

**Financial Reimbursement Information:**

Check payable to: ( ) June Dahl, PhD; SS# \_\_\_\_\_ or Tax ID # \_\_\_\_\_

University of Wisconsin/Madison - School of Medicine, 3780 Med. Science Center/1300 University Avenue, Madison, WI 53706 Tax ID # \_\_\_\_\_

Honorarium:	<u>\$1250.00</u>	(1099)	Details:	Mileage (\$0.22/mile)	_____
Expenses:	<u>\$</u>	(Bypass 1099)		Tolls/Parking	_____

Grand Total:	<u>\$</u>	PLEASE ATTACH RECEIPTS	Hotel	_____
			Meals	_____
			Other	_____

Signed (Speaker): \_\_\_\_\_ Date: \_\_\_\_\_

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(For PF Office Use Only)

Requested By Wendy Pintard  
Street)

General Ledger No.: 671304800

PPLP/0208 ( ) \_\_\_\_\_

Approved by: \_\_\_\_\_

Date To Accounting Dept \_\_\_\_\_

Description: 10/24 and 10/25/96, Canton, IL (Graham Hospital, 210 West Walnut

M/E \_\_\_\_\_

PF/0101 ( ) \_\_\_\_\_ PP/209 ( ) \_\_\_\_\_

Med Ed Use \_\_\_\_\_

drconfm.doc

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